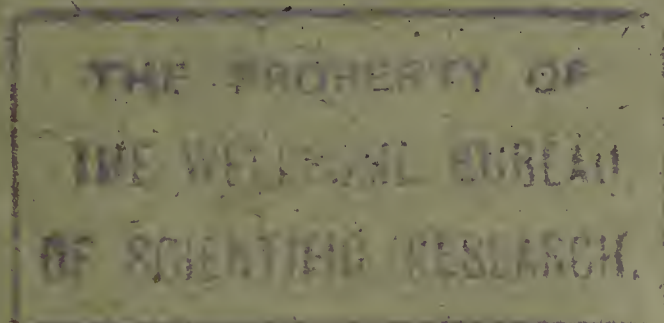


33, WELBECK STREET,
LONDON, W.

February, 10 1924.

The publication of the Annual Report on Ophthalmic Hospitals and on Ophthalmic Progress in Egypt for the year 1922 having been delayed Mr. A. F. MacCallan begs to enclose an abstract of the same. Mr. MacCallan has now left Egypt, and from March 1st his permanent address will be as above.

Abstract
of the
Tenth Annual Report on Ophthalmic Hospitals
and on
Ophthalmic Progress in Egypt,
1922.



By
A F. MacCallan, C.B.E., F.R.C.S.
Late Deputy Director General,
Department of Public Health,
(Ophthalmic Section).

Report on the Ophthalmic Section

1922.

A period of twenty years has now elapsed since I had the honour of commencing an ophthalmic campaign in Egypt. Its origin and growth have been chronicled since 1903 in Annual Reports, which have been printed and published since 1912.

By the time this Report is printed there will be at work 16 permanent ophthalmic hospitals in specially designed buildings, two ophthalmic departments attached to existing general hospitals and 5 completely equipped hospitals under canvas ; in all 23 units.

The number of new patients treated during the year 1922 was 133,750, the total attendances of out-patients was 1,510,020, and the number of operations performed was 76,035.

The total cost including all expenses of administration (for the 21 units open in 1922) was L.E. 42,853.

The staff is entirely Egyptian with myself as British Director ; this has been the case for six years.

CATARACT OPERATIONS.

The operation of election in the 641 extractions of senile cataract performed during 1922 was the combined operation of extraction with iridectomy. In certain cases of complicated cataract a preliminary iridectomy was performed.

I look on loss of vitreous as an exceedingly serious event in the operation and one to be avoided by every means in the power of the operator, as in a large number of cases

detachment of the retina occurs either as an immediate or as a delayed sequela of the operation. A selection of that that operation which best suits the operator, which can be performed in the minimum time with the minimum disturbance of the tissues, and which is least likely to be followed by loss of vitreous appears to me to be obviously the best line to take. Personally I had no loss of vitreous in the operations I performed during the year 1922. In most of these cases the capsule of the lens was opened by a needle, and a peripheral iridectomy was performed.

GLAUCOMA OPERATIONS.

The number of cases of primary glaucoma examined during the year was 2512. In 1968 of these cases the condition was absolute in one or both eyes.

The operations performed were, iridectomy 466, trephining of the corneo-sclera with iridectomy through the trephine hole 503. No cases of secondary infection were seen during the last year. This complication is extremely rare when proper technique is observed in operating, only 17 cases having been reported out of 5017 operations which have been performed since 1911.

OPHTHALMOLOGICAL SOCIETY OF EGYPT.

The membership of this Society is now 96 : 80 members were present at the Annual Meeting on March 2nd and 3rd 1923. Of the total membership 78 surgeons have been pupils of mine, each having passed in most cases a period of two years as medical officer at the Ophthalmic Hospitals.

OPHTHALMIC NEEDS OF CAIRO.

In my Report for the year 1919 I recommended the provision of a large central ophthalmic hospital for Cairo. For this purpose the Government granted a suitable site in Boulac, one of the most populous quarters of Cairo, on condition that the money for building was raised from

voluntary sources within two years. However owing to the political troubles at that time the money was not raised and the offer of the site lapsed.

Experience of the ophthalmic needs of Cairo has been considerably increased during the last two years by the maintenance of two tent hospitals one at Giza and one at Rod-el-Farag. The hospital at Giza ministered mainly to the inhabitants of Giza town and the more distant markazes of Giza Muderia. While the hospital at Rod-el-Farag, ministered not only to the very large working class population around the site of the hospital but also to those of Saptieh and Boulac. If it is ever possible to increase the facilities for ophthalmic relief in Cairo it is desirable to build small hospitals at a cost of L.E. 10,000 to L.E. 15,000 at the outskirts of Cairo rather than to build at any one place a single expensive hospital which it will be difficult for the inhabitants of even the immediate suburbs of Cairo to visit. The Rod-el-Farag Hospital should be replaced by an adequate building as soon as possible and in the future hospitals should be built at Boulac, Abbassia, Helmieh, and Sayeda Zenab.

For the purpose of training ophthalmic surgeons the new permanent hospital at Giza and the Giza laboratory will be amply sufficient, together with the clinical material obtainable at Rod-el-Farag.

OPHTHALMIC NEEDS OF GOVERNORATES OTHER THAN CAIRO.

At Alexandria a section of the Government Hospital has been allotted for ophthalmic purposes. There is a good operating room, bed for 30 patients, and a fairly satisfactory out-patient department. It is owing to the cooperation of the Director of the Hospital, Dr. Charles Ekins, O.B.E., that a success has been made of the work. As the Government hospital is to be largely increased in size a part of the new buildings will be devoted to a self contained ophthalmic block. This arrangement is very satisfactory, and it is to be hoped that money will be forthcoming from the Ministry of Finance for the purpose in the next budget.

The Municipality of Alexandria maintains a very useful ophthalmic hospital which has been entirely organized by a former pupil of mine Dr. Wahby. This hospital reflects great credit of both the Municipality and the surgical staff. However the amount of surgical work done and ophthalmic relief given to the poor is considerably less than at the ophthalmic department at the Government Hospital, which appears to be the more popular institution.

At Port Said a very satisfactory out-patient clinic has been provided by the Municipality and is maintained by the Government. A few beds in the Government Hospital are available for ophthalmic cases.

The Government Hospital at Damietta is on the point of being rebuilt and a credit is available for this purpose. In the new building a satisfactory ophthalmic department has been provided. In the mean time temporary quarters have been provided, and an ophthalmic clinic is now being carried on. This is largely owing to the interest taken in the matter by M. PAUL CONIN PASTOUR the Director of the East Division, State Buildings Department. One of the notables of Damietta Mohammed Bey Lozy gave a sum of L.E. 240 to facilitate this work.

At Suez there is urgent need for a section of the Government Hospital to be devoted to Ophthalmology, but this appears to be impossible until the hospital has been enlarged : plans are ready for this purpose.

Rosetta, situated in an isolated position 71 kilometres from Alexandria, although no longer a Governorate, may be considered here. The town itself has a population of 21,950, while the police district of which Rosetta is the centre has a population of 77,669, there is no hospital of any kind here. While a travelling hospital was working at Rosetta during 1917 a very large amount of work was done showing the need for ophthalmic relief.

MUDIRIA HOSPITALS.

Thirteen of the fourteen provinces of Egypt have now been supplied each with a specially built and specially designed ophthalmic hospital. The money for capital expenditure has been provided as follows : The Govern-

ment L.E. 19,240, Provincial Councils or Municipalities L.E. 33,326 ; public subscriptions or private benefactions L.E. 58, 126 ; all are maintained by the Government.

The hospital most recently opened is that of Qena, the money for which was raised principally by Rashwan Pasha Mahfuz, now Mudir of Menufia, when he was Mudir at Qena : a commencement having been made in 1912 when Mohammad Bey Khalil Nayel was Mudir.

The Giza Hospital is being carried on temporarily in tents until the building is completed. The funds for building were provided largely by J. Matossian Esq. (L.E. 5000). The following three firms in memory of the late Sir Ernest Cassel, each gave a sum of L.E. 250 through the mediation of V. Harari Pasha, C.M.G., the National Bank of Egypt, the Agricultural Bank of Egypt, the Mortgage Bank of Egypt. According to the estimates we are still L.E. 2000 short, but the present Mudir Mahmoud Shaheen Bey has no fear but that the money will be forthcoming as soon as it is wanted. The originator of the scheme was the ex-Mudir of Giza, Hassan Mazloum Pasha, now Post-Master General.

OPHTHALMIC NEEDS OF THE SOUTHERNMOST PART OF EGYPT.

A travelling hospital housed under canvas provides for the ophthalmic needs of the southern province, Asswan. This province, extending for 300 kilometres along the banks of the Nile, is too poor to provide a sum sufficient to build and equip a permanent hospital, and up to the present, the Government has not made a grant for this purpose, although the project has been approved in principle. It is desirable that there should be a built hospital at the capital town of the province, Asswan, as a centre for the ophthalmic campaign both north and south of that town. North of Asswan the travelling hospital will always be required for the towns of Esna (population 17,386), Edfû (population 20,102) and Kôm Ombo (population 20,185) which are a very long way from the existing hospital at Qena, and the proposed hospital at Asswan.

South of Asswan town the river should be patrolled by a floating hospital for the relief of the inhabitants of Upper Nubia as far south as Wadi Halfa.

This was proposed in my Report for 1911 as follows:-

"The long river frontage of Asswan province with its scanty strip of cultivation and population needs perhaps a somewhat different ophthalmic organization to other provinces. During my recent inspection of this province in company with the Inspector of the Ministry of Interior the suggestion was made by the Omdah of Derr that a hospital dahabeah should be built and maintained by the Government. This suggestion appears to be of value and merits consideration."

However it is not possible for the Government to provide a floating hospital for the province as well as a permanent hospital at Asswan town, especially if, as I advise, the travelling hospital already at work in the province is allowed to remain there. Perhaps however this floating hospital for the southernmost part of Egypt may be provided by some outside agency.

OPHTHALMIC HOSPITALS IN THE MARKAZES.

Some years ago ophthalmic hospitals were built in three of the largest markazes, Mahalla-el-Kûbra, Kafr-el-Zayat, and Santa. These hospitals were and are maintained by the Provincial Council of Gharbia. They are managed by me as Director of Ophthalmic Hospitals, acting as the Deputy of the President of the Council ; so that full power remains with the Council.

The Provincial Councils of Daqahlia and of Assiût also each maintains a travelling hospital in tents : each of these hospitals is maintained in the same way, to the mutual satisfaction of the Provincial Council and of the Department of Public Health.

It is desired that all provincial councils should be aware that if they are able to afford to provide a travelling or a built hospital and to maintain it, the Director of Ophthalmic Hospitals is allowed to make plans and estimates

for submission to the provincial council, and to manage the hospital when it is ready as the deputy of the President of the Council. All this is done gratuitously. Well trained ophthalmic surgeons are provided for the hospitals and replaced during illness, leave, etc. Efficient inspection also is provided by the Ophthalmic Section.

THE OASES

The Principal Medical Officer of the Frontiers District Administration, is fully aware of the importance of providing ophthalmic treatment in the districts under his control, such as Mersa Matruh, Sollum, Khargeh, and Dakla : also in the Sinai Peninsula. The Egyptian medical officers of this Administration are sent to the ophthalmic hospital at Giza for theoretical and practical courses as circumstances allow.

OPHTHALMIC LABORATORY.

In my last Report I stated that the clinical ophthalmic pathological and bacteriological work was well accommodated in a hired building at Giza. Also that money for the construction of a special laboratory, on a site adjoining the new permanent hospital at Giza, had been granted by the Imperial War Graves Commission as a memorial to the men of the Egyptian Labour Corps and Camel Transport Corps who fell in the Great War.

The plans of the Laboratory have been drawn up by Mr. Noel Dawson, A.R.I.B.A. and approved by the London Committee of the Imperial War Graves Commission. Also the Government has granted a sum of L E.2000 for the equipment of the Laboratory.

A proposal advantageous to Ophthalmology in Egypt was made by the High Commissioner, Field Marshal the Viscount Allenby, who is also trustee of the Cassel Fund, to endow the new building as an Ophthalmic Research Laboratory with an income of L.E. 6000 a year. This has been accepted by the Egyptian Government, but the organ-

ization of the scheme has not yet been satisfactorily and finally settled.

CONCLUSION.

Attention is drawn to the complete arrangements which have been perfected during the last twenty years for the post graduate teaching of Ophthalmology. A definite school of ophthalmology has been created, and there are now 70 or 80 Egyptian surgeons practising exclusively Ophthalmology in Egypt. Their teaching has been based on the principles of ophthalmic surgery which I learnt when House Surgeon and Chief Clinical Assistant at the Royal London Ophthalmic Hospital.

A complete system of ophthalmic inspection and treatment has been carried out for many years at the Government Primary Schools in the capital towns of the fourteen provinces of Egypt, and in addition at four of the larger schools in Cairo and Alexandria

Important statistical information on the incidence of trachoma and on the visual acuity of the pupils is published in the Report.



